

# Form 146 - OS Follow-Up Questionnaire (Observational Study - Year 6)

#### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.





• For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right.

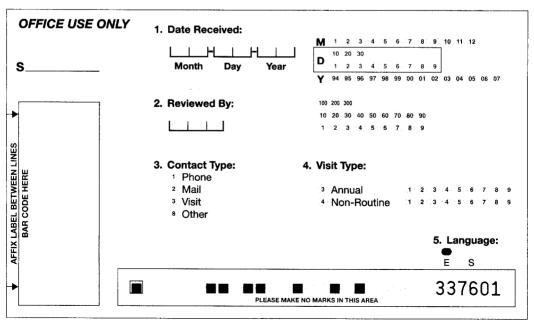
100 200 300 400 500 600 700

**Example:** If your weight is 159:

1115191

1 2 3 4 5 6 7 8 9

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#### Form 146 - OS Follow-Up Questionnaire (Observational Study - Year 6)

Ver. 1

This questionnaire asks you about factors that may affect your health. These include physical activity and exercise, use of alcoholic drinks, smoking habits, use of female hormones, recent medical conditions, and household income.

The fo	llowing questions are about your weight. (Gi	ve your best guess.)	
1. W	hat is your <u>current</u> weight?	pounds	100 200 300 400 500 600 700 10 20 30 40 50 60 70 80 1 2 3 4 5 6 7 8
2. <u>In</u>	the past year, what was your highest weight?	pounds	100 200 300 400 500 600 700 10 20 30 40 50 60 70 80 1 2 3 4 5 6 7 8
3. <u>In</u>	the past year, what was your lowest weight?	pounds	100 200 300 400 500 600 700 10 20 30 40 50 60 70 80 1 2 3 4 5 6 7 8
4. <u>In</u>	llowing questions are about any weight chang the past 3 years, did you lose five or more pour		· — ·
	No 1 Yes Don't know		
	4.1. What method(s) did you use to lose we		-
	Change in diet	5 Commercial weight	tht loss program
	2 Increased exercise	6 Started or increase	ed smoking

10 Over-the-counter diet pill 8 Other (**Specify**): \_\_\_\_\_

Go to the next page.

Prescription diet pill (e.g., Redux, Meridia,

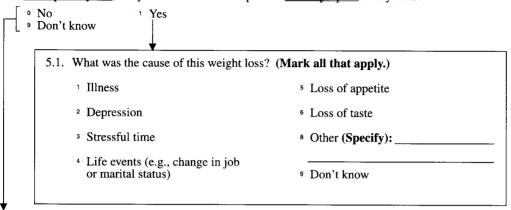
Xenical)

<sup>7</sup> Surgical procedure (such as

balloon)

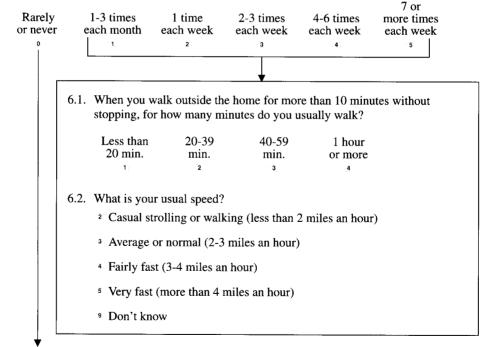
intestinal bypass or stomach

5. In the past 3 years, did you lose five or more pounds not on purpose at any time?



The following questions are about your usual physical activity and exercise. This includes walking and sports.

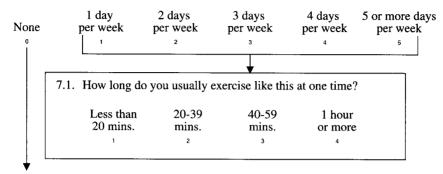
6. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? (Mark only one.)



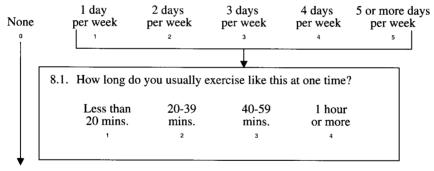
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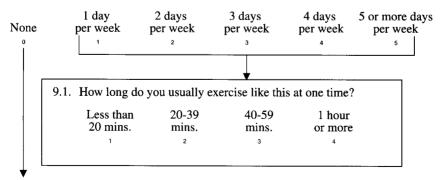
7. Not including walking outside the home, how often <u>each week</u> (7 days) do you usually do STRENUOUS OR VERY HARD EXERCISE (you work up a sweat and your heart beats fast)? For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.



8. Not including walking outside the home, how often <u>each week</u> (7 days) do you usually do MODERATE EXERCISE (not exhausting)? For example, biking outdoors, use of an exercise machine (like stationary bike or treadmill), calisthenics, easy swimming, popular and folk dancing.



9. Not including walking outside the home, how often <u>each week</u> (7 days) do you usually do MILD EXERCISE? For example, slow dancing, bowling, golf.

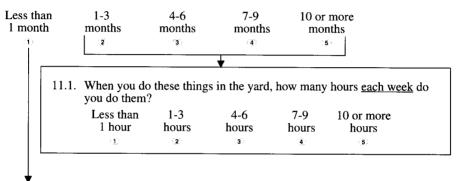


## The next set of questions asks about some of your usual activities.

10. About how many hours <u>each week</u> do you usually spend doing heavy (strenuous) indoor household chores such as scrubbing floors, sweeping, or vacuuming?

Less than	1-3	4-6	7-9	10 or more hours
1 hour	hours	hours	hours	
1,1,2	2.	(3)	4:	. (5.)

11. About how many months during the year do you usually do things in the yard, such as mowing, raking, gardening, or shoveling snow?



12. During a usual <u>day and night</u>, about how many hours do you spend sitting? Be sure to include the time you spend sitting at work, sitting at the table eating, driving or riding in a car or bus, and sitting up watching TV or talking.

Less than 4 hours							16 or more hours
1	2	( <b>3</b> ).	4.	5	6	.7.	·. <b>.8</b> .

13. During a usual <u>day and night</u>, about how many hours do you spend sleeping or lying down? Be sure to include the time you spend sleeping or trying to sleep at night, resting or napping, and lying down watching TV.

Less than 4 hours							16 or more hours
1,	2	3	4	5	6	7	. 8

Go to the next page.



The following questions are about coffee, tea, soft drinks, and alcoholic beverages you may drink.

14. <u>During the past 3 months</u>, how often did you drink these beverages: (Mark one for each beverage.) (For coffee, large or doubles count as 2 cups.)

		Never or less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6 or more per day
14.1. Caffeir instant drip (ca	nated coffee, either or paper-filtered ups)	1	2	3	4	5	6	7	8	9
	caffeinated such as perked, so or latté	1.	2	· <b>3</b>	4	5	. 6	7	8	9
14.3. Decaf instant drip (c	or paper-filtered	1	2	3	4	5	6	7	8	9
	decaf coffee, perked, o or latté	1	2	3	4	5	6	7	8	9
14.5. Regula (cups)	r tea (not decaf)	1	2	3	4	5	6	7	8	9
14.6. Decaf	tea (cups)	1	2	· 3	4	5	6	7	8	9
(such a Pepsi®	inks with caffeine s Coke <sup>®</sup> , Diet , Dr. Pepper <sup>®</sup> , ain Dew <sup>®</sup> ) (12 oz.	. 1	2	3	4	5	6	7	8	9
14.8. Soft dr caffein 7-Up®, oz. can	e (such as Sprite®, Diet Sprite®) (12	1.	2	3	.4	5	6	7	8	9

15. During the past 3 months, have you had any drinks containing alcohol?

- 1. Yes <sup>0</sup> No **── → Go to the next page.** 

  - 15.1. In the past 3 months, how often have you had drinks containing alcohol? <sup>1</sup> One day per month or less 4 3-4 days per week
    - <sup>2</sup> 2-3 days per month 5 5-6 days per week
    - <sup>3</sup> 1-2 days per week 6 Every day or about every day

6 8-9 drinks

15.3. In the past 3 months, on the days you drank, how many of those drinks did you usually drink that were not around a major meal (not around lunch, not around dinner)?

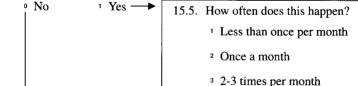
6 8-9 drinks

- 15.2. In the past 3 months, on the days you drank, how many drinks did you usually have
  - per day? (A drink is a 12 ounce glass of beer, one 4 ounce glass of wine, or one shot [1 1/4 oz.] of liquor)

<sup>2</sup> 2 drinks

1 1 drink

- 1 1 drink 5 6-7 drinks
- 3 3 drinks 7 10-11 drinks
- 4 4-5 drinks 8 12 or more drinks
  - None 5 6-7 drinks
  - <sup>2</sup> 2 drinks 7 10-11 drinks
  - 3 3 drinks <sup>8</sup> 12 or more drinks
  - 4 4-5 drinks
- 15.4. Do you drink more than usual for special occasions?



4 Once a week or more



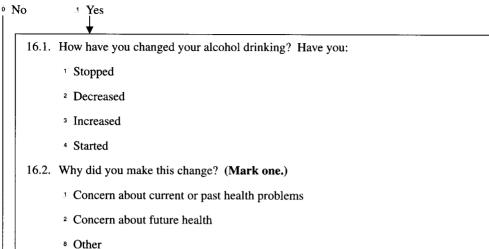






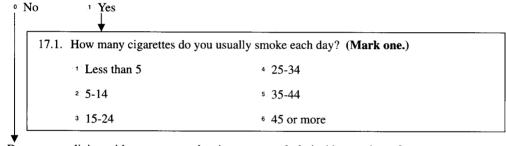


16. In the past 3 years have you changed your alcohol drinking habits?



## The following questions are about cigarette smoking.

17. Do you smoke cigarettes now?



18. Does anyone living with you now smoke cigarettes regularly inside your home?

```
No

1 Yes

18.1. Please mark all the people who live with you who now smoke cigarettes regularly inside your home: (Mark all that apply.)

1 Husband or partner

2 Son(s) or daughter(s)

3 Other person/people
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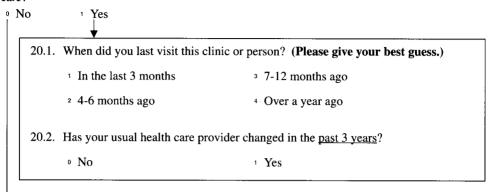
19. Do you now work in a space where people smoke cigarettes?

No Yes

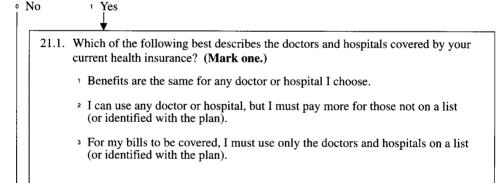
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## The next questions are about your health and medical care.

20. Do you have a clinic, doctor, nurse, or physician assistant who provides your usual medical care?



21. Do you currently have health insurance? This includes pre-paid private insurance such as a Health Maintenance Organization (HMO), other private insurance, Medicare, Medicaid (including State Medical Assistance or Medi-Cal), or Military or Veterans Administration health care coverage.



Go to the next page.



- 22. Do you currently have any of the following types of health insurance: (Please answer for each type of insurance listed.)
  - 22.1. Pre-paid private insurance, such as a Health Maintenance Organization (HMO), Kaiser

Permanente or other Group
Health-type plan?

No Yes

22.2. Who pays for this insurance? (Mark all that apply.)
Costs are paid by my employer or my spouse's employer

- <sup>2</sup> Costs are paid by me
- <sup>3</sup> Medicare

22.3. Other private insurance such as Blue Cross, Aetna, etc.?

No Yes —

Yes

22.4. Who pays for this insurance? (Mark all that apply.)
Costs are paid by my employer or my spouse's employer

<sup>2</sup> Costs are paid by me

22.5. Medicare?

No

ightarrow

22.6. Do you have additional coverage to supplement your Medicare benefits?

- o No Yes
- 22.7. Medicaid, including State Medical Assistance (for example, Medi-Cal)?

No Yes

22.8. Military or Veterans Administration-sponsored?

No Yes

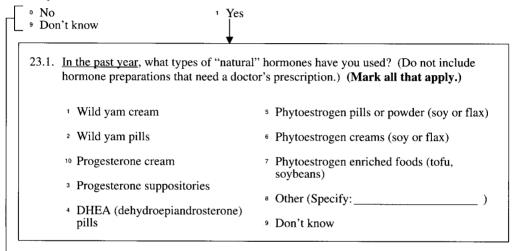
22.9. Other?

No Yes

The next set of questions are about female hormones (estrogen or progesterone) you might have used <u>during the past year</u>. Women's use of hormones has been changing-these questions help us understand patterns of use.

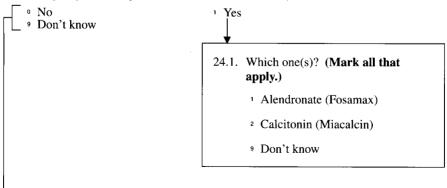
Question 23 is about natural hormones you get without a doctor's prescription.

23. In the past year, did you use any "natural" hormones that you can get without a doctor's prescription? These are usually made from plants and often obtained from health food stores or by mail order. They may be in the form of a pill, vaginal cream or suppository, skin cream, or soy-enriched foods.



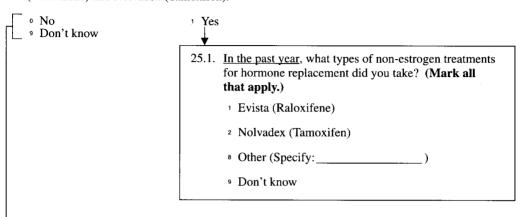
Question 24 is about treatment for osteoporosis that you get with a doctor's prescription.

24. In the past year, have you used Fosamax (alendronate) or Calcitonin?



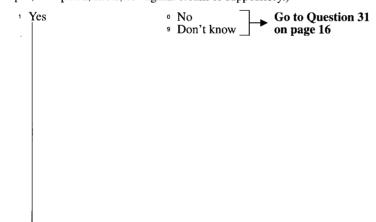
Question 25 is about non-estrogen treatment for hormone replacement you get with a doctor's prescription.

25. In the past year, did you use any non-estrogen prescription treatments for hormone replacement? These may be prescribed to prevent osteoporosis and breast cancer and are sometimes called "designer estrogens" or selective estrogen receptor modulators (SERMs). Examples are Evista (Raloxifene) and Nolvadex (Tamoxifen).



The next questions (26-30) are about female hormones you get with a doctor's prescription.

26. In the past year, did you use any female hormones (ESTROGEN or PROGESTERONE [also called PROGESTIN]) that were prescribed by a doctor? (This may have been in the form of a pill, skin patch, shots, or vaginal cream or suppository.)















27. In the past year, did you use female hormone PILLS or PATCHES prescribed by a doctor which contained both ESTROGEN and PROGESTERONE (PROGESTIN) COMBINED in the same pill, patch, or package (for example, Prempro, Premphase)? (Do not include use of two separate estrogen and progesterone pills used at the same time.)

LE ;	O No ODon't	know Yes		
	27.1.		id you use <u>COMBINED</u> female hormone oth ESTROGEN and PROGESTERONE?	
		<sup>1</sup> Less than 1 month	<sup>3</sup> 7-10 months	
		<sup>2</sup> 1-6 months	4 11-12 months	
	27.2.	Which combination did you use the	longest?	
		<sup>1</sup> Prempro	<sup>3</sup> Premphase	
		<sup>2</sup> CombiPatch	8 Other (Specify:	)

28. <u>In the past year</u>, did you use female hormone PILLS prescribed by a doctor which contained both ESTROGEN and TESTOSTERONE COMBINED in the same pill (for example, Estratest)?

28.1.		onths did you use <u>COMBINED</u> female hormone TROGEN and TESTOSTERONE?
	<sup>1</sup> Less than 1 month	<sup>3</sup> 7-10 months
	<sup>2</sup> 1-6 months	4 11-12 months
28.2.	In the past year, what type of pills did you use the longest?	COMBINED ESTROGEN and TESTOSTERONE
	<sup>1</sup> Estratest	8 Other (Specify:
	<sup>2</sup> Estratest HS	9 Don't know

29. <u>In the past year</u>, did you use any ESTROGEN pill, patch, cream, or shots (other than the combinations described in Questions 27 and 28)?

Yes	Go to Question 30 on the next page.
29.1. Did you use an est	rogen <u>pill</u> ?
∘ No	29.2. For how many months did you use the Estrogen pills?  Less than 1 month 3 7-10 months
	<sup>2</sup> 1-6 months <sup>4</sup> 11-12 months
	29.3. What kind did you take? (Mark the one used the longest if you used more than one kind.)
	<sup>1</sup> Premarin or conjugated equine estrogens
	<sup>2</sup> Estrace or estradiol
	<sup>3</sup> Ogen or estropripate
	4 Estratab or esterified estrogens
	8 Other (Specify:)
	9 Don't know
▼ 29.4. Did you use an esti	rogen natch?
• No 1 Yes -	
	1 Less than 1 month 3 7-10 months
	<sup>2</sup> 1-6 months <sup>4</sup> 11-12 months
↓ 29.6. Did you use an esti	rogen creem?
• No Yes -	
i.	29.7. For how many months did you use the cream?  Less than 1 month 3 7-10 months
	2 1-6 months 4 11-12 months
<b>↓</b>	
29.8. Did you have estro	
° No         Yes –	29.9. For now many months did you have the shots?
	<sup>1</sup> Less than 1 month <sup>2</sup> 7-10 months
$\downarrow$	<sup>2</sup> 1-6 months <sup>4</sup> 11-12 months

Go to the next page.



Question 30 is about products that contain the hormone PROGESTERONE (progestin) alone.

30. In the past year, did you use any PROGESTERONE or PROGESTIN pill, cream, or shots (other than the combinations described in Question 27)?

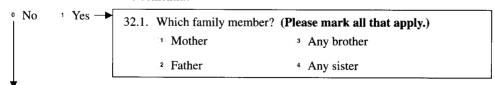
	one or progestin pill or capsule?
No    ¹ Yes	30.2. For how many months did you use the pill or capsule?  1 Less than 1 month 3 7-10 months
	<sup>2</sup> 1-6 months <sup>4</sup> 11-12 months
	30.3. What kind did you take (Mark the one used the longest if you used more than one kind)?
	Provera, Cycrin, Amen, or Medroxyprogesterone Acetate (MPA)
	<sup>3</sup> Prometrium or micronized progesterone
	Other (Specify:)
	9 Don't know
	30.4. How many days per month did you use it?
	1 Less than 1 day 4 13-18 days
	<sup>2</sup> 1-9 days <sup>5</sup> 19-27 days
	3 10-12 days 6 28 or more days
<ul><li>★</li><li>.5. Did you use a progestero</li></ul>	one or progestin <u>cream</u> ?
No	30.6. For how many months did you use progesterone or progestin cream?
	<sup>1</sup> Less than 1 month <sup>3</sup> 7-10 months
	<sup>2</sup> 1-6 months <sup>4</sup> 11-12 months
.7. Did you have progestero	ne or progestin shots?
° No ¹ Yes ──►	30.8. For how many months did you have progesterone or progestin shots?
	Less than 1 month 3 7-10 months
•	

# The next question is about your medical condition in the past year.

31. In the past year, has a doctor told you that you have any of the following conditions? (Please mark one response for each condition.)

шагк	one response for each condition.)	No	Yes
31.1.	Cataract(s)	₫Ò.	i.
31.2.	Macular degeneration of the retina	0	1
31.3.	Asthma	÷Ö	,1
31.4.	Emphysema or chronic bronchitis	· <u>.</u> 0	1
31.5.	Heart failure or congestive heart failure	: 0,	1
31.6.	Angina (chest pains from the heart)	.0	1
31.7.	Atrial fibrillation		1
31.8.	Kidney or bladder stones (renal or urinary calculi)	.0	- 1
31.9.	Dialysis for kidney or renal failure	'. <b>0</b> :	ì
31.10.	Stomach or duodenal ulcer	Ö	1,
31.11.	Diverticulitis	. <u>0</u>	1.
31.12.	Pancreatitis (inflamed pancreas)	,0	1
31.13.	Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	· [0] .	• 1
31.14.	Overactive thyroid	:0:	i
31.15.	Underactive thyroid	1.0	1
31.16.	Alzheimer's disease	. 0	1
31.17.	Multiple sclerosis	·*O	ì
31.18.	Parkinson's disease	. 0	1
31.19.	Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0,	.1

32. Has any member of your biological family (mother, father, sister, or brother) been diagnosed with Alzheimer's disease or senile dementia?





The next questions are about your current living situation.

- 33. What is your current job status? (Mark the one that <u>best</u> describes you. If more than one describes you, mark both.)
  - <sup>1</sup> Not working
  - <sup>2</sup> Retired
  - <sup>3</sup> Homemaker, raising children, care of others
  - <sup>4</sup> Employed (full-time or part-time)
  - 5 Disabled, unable to work
  - 8 Other (Specify: \_\_\_\_\_)
- 34. What is your current marital status? (Mark the one that best describes you.)

married	separated	Widowed	married	like relationship
1	2	3	4	5
				<b>V</b>
			job status?	our husband's (partner's) current? (Mark one. If more than es, mark both.)
			¹ Not wo	rking
			<sup>2</sup> Retired	
			3 Homen	naker, raising children, care of others
			4 Employ	ved (full-time or part-time)
			5 Disable	ed, unable to work
			8 Other (S	Specify:)

The following questions are about family finances. We know from other research that financial strain is common and very important to consider in understanding women's health. This information is important for describing the women in the study as a group and is kept strictly confidential. As always, answering the questions below is voluntary, and if you choose not to answer them, your participation in WHI is not affected.

35. How many people, <u>including yourself</u>, live in your household as members of your family (whom you support or who contribute to supporting your family)?

One	Two	Three	Four	Five or more
1	2	· 3 ·	.4	5

35.1. How many of these people are under 18 years old?

None	One	Two	Three	Four	Five or more
0	1	2	3	. 4	5

35.2. How many are between 18 and 64 years old (including yourself)?

					Five or
None	One	Two	Three	Four	more
0	1	2	3	4	5

35.3. How many are 65 years or older (including yourself)?

None	One	Two	Three	Four	more
0	1	2	3	4	. 5



Form 146 - OS Follow-Up Questionnaire (Observational Study - Year 6)				
(including paychecks, social	l security, retirement income, and public assistance) in the <u>last</u>		=	4
<sup>1</sup> Less than \$7,000	\$ \$30,000 to \$34,999		=	
<sup>2</sup> \$7,000 to \$9,999	9 \$35,000 to \$49,999		=	
<sup>3</sup> \$10,000 to \$11,999	10 \$50,000 to \$74,999		=	
4 \$12,000 to \$15,999	11 \$75,000 to \$99,999		=	
<sup>5</sup> \$16,000 to \$19,999	12 \$100,000 to \$149,999		-	
s \$20,000 to \$24,999	<sup>13</sup> \$150,000 or more			
<sup>7</sup> \$25,000 to \$29,999	99 Don't know		_	
			=	
<sup>1</sup> Less than 1 month	4 7 to 12 months		_	
2 1 to 2 months	<sup>5</sup> More than 1 year		=	
<sup>3</sup> 3 to 6 months			=	
and property from all source	es within your household? (Include the total value of your home		=======================================	
<sup>1</sup> Less than \$500	6 \$50,000 to \$99,999		=	
<sup>2</sup> \$500 to \$4,999	7 \$100,000 to \$199,999		_	
<sup>3</sup> \$5,000 to \$9,999	* \$200,000 to \$499,999		=	
\$10,000 to \$24,999	9 \$500,000 or more		_	
<sup>5</sup> \$25,000 to \$49,999	99 Don't know		=	
	What was the total family in (including paychecks, socia year? (Mark the one that it less than \$7,000   2 \$7,000 to \$9,999   3 \$10,000 to \$11,999   4 \$12,000 to \$15,999   5 \$16,000 to \$19,999   6 \$20,000 to \$24,999   7 \$25,000 to \$29,999   6.1. If you lost the sources continue to live at your your best guess.)   1 Less than 1 month   2 1 to 2 months   3 3 to 6 months   Altogether, what is your cur and property from all source and car(s) minus the amoun   1 Less than \$500   2 \$500 to \$4,999   3 \$5,000 to \$9,999   4 \$10,000 to \$24,999	(Observational Study - Year 6)  What was the total family income (before taxes) from all sources within your household (including paychecks, social security, retirement income, and public assistance) in the last year? (Mark the one that is your best guess.)  1 Less than \$7,000	(Observational Study - Year 6)  What was the total family income (before taxes) from all sources within your household (including paychecks, social security, retirement income, and public assistance) in the last year? (Mark the one that is your best guess.)  1. Less than \$7,000	Cobservational Study - Year 6

38. What is the total family debt within your household from such things as credit card charges,

medical or legal bills, and loans from banks or relatives? (Do not include mortgage or car

- loans.) (Mark the one that is your best guess.)
- <sup>1</sup> Less than \$2000 5 \$20,000 to \$49,999
- <sup>2</sup> \$2,000 to \$4,999 6 \$50,000 to \$99,999

<sup>7</sup> \$100,000 or greater

- 4 \$10,000 to \$19,999 9 Don't know

<sup>3</sup> \$5,000 to \$9,999

39. In any of the <u>last 3 years</u>, did you have a hard time making ends meet (paying rent, buying food, paying for other necessities)? (Mark one for each time period.)

	No	Yes
39.1. 1 year ago	0	1
39.2. 2 years ago	0	1
39.3. 3 years ago	0	1

40. Compared to this year, were your finances better off, the same, or worse off in any of the last 3 years? (Mark one for each time period.)

	Better Off Than Now	The Same As Now	Worse Off Than Now
40.1. 1 year ago	1	2	3
40.2. 2 years ago	1	2	3
40.3. 3 years ago	1	2	3

- 41. Which one of these statements best describes the food eaten in your household in the last year?
  - We had enough food to eat and the kinds of food we wanted to eat.
  - <sup>2</sup> We had enough food to eat but NOT always the kinds of food we wanted to eat.
  - <sup>3</sup> Sometimes we didn't have enough food to eat.
  - 4 Often we didn't have enough food to eat.
- 42. A number of programs are listed below that help supply food to individuals and households. Please <u>mark all the programs</u> that you and others in your household have used at some time <u>in</u> the last year.
  - <sup>o</sup> None
  - Meals on Wheels
  - <sup>2</sup> Free or reduced cost meals for the elderly
  - <sup>3</sup> USDA or government commodity foods
  - <sup>4</sup> Food stamps, free or reduced cost school lunches, WIC (Women, Infant, and Children Feeding Program), or free or reduced-cost meals at day care or Head Start
  - <sup>5</sup> Community Food Bank or Pantry or other free food or food vouchers

Thank you. Please take a few minutes to review for any questions you may have missed.

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